

WR 12/13416

Record Cover.

W. R.

Department.

Rekord-omslog.

Departement.

File No. 74272
Lêer No.

Subject GLUCKMAN. H.L.
Onderwerp

File No.
Lêer No.

Mod

References :

Referensies :

H.13215.

74272.

REPORT ON MEDICAL EXAMINATION PRIOR TO RELEASE/DISCHARGE.

(MEMBERS OF THE SOUTH AFRICAN MILITARY FORCES).

- (1) Regt. Block Number 74072 (2) Rank Lt
 (3) Surname (in block letters) Edelman
 (4) Christian Names HAROLD KIDMAN
 (5) Unit and Corps D.D. P.A.
 (6) Statement of Symptoms by Volunteer Have a chronic
discharge from my right ear

- (7) C-V System NATY (8)
 (9) BP (Resting) 120/70 Healthy
 (10) Respiratory System NATY
 (11) Abdominal Viscera NATY
 (12) Hernia None
 (13) CNS NATY
 (14) Joints NATY
 (15) Extermities NATY

Urine.	
Albumen.	Sugar.
<u>NIL</u>	<u>NIL</u>

- (16) Other Findings and Remarks on Defects, supplementing above
EARS left from a heavy noise
Recess - from perforated e
wet.

- (17) Disposal recommended:— Yes
 (a) Fit for Discharge
 (b) Refer for Medical Board
 (c) Refer to Hospital

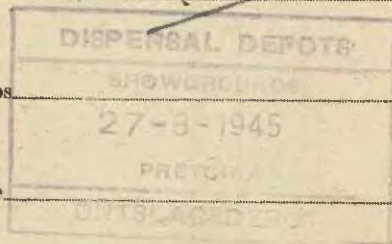
Station or Hospital SICK BAY Names of M.O.'s in block letters or typed. EXAMINER Signature. Edelman M.O.
ACDENYS M.O.
 Date 27-8-1945
 (Office rubber stamp to be used).

The distribution of this form will be in accordance with Instructions issued by D.G.M.S.

(In duplicate.)

DENTAL TREATMENT NOT REQUIRED ON DEMOBILISATION.1. No. TH272(V) Rank W/S Lt Name H. L. Glickman Unit 5 AA.

~~demobilised~~
about to be released (in the case of officers,) do not claim dental treatment at public expense.
~~discharged~~

Dispersal Depot PRETORIA.Signature *H. L. Glickman*Witness *R. K. Rone*Corps SHOWBORDERS Rank *R*Date 27-8-1945

136

FORM D.G.D. 106.(in duplicate)

CERTIFICATE OF FITNESS.

NO 742721 RANK R2 NAME C. Luchman H. L.
AGE 27 MEDICAL CATEGORY B1
OCCUPATION Asst. Lane Surveyor (D. D. M. sub.)
LAST BOARD AT D. G. Q 10/13.
DISABILITY STATED AS Gas Trouble.

.....
EXAMINED AT D. D. Pretoria

ON 27-8-48, AND FOUND TO BE :

@(1) fit for employment (Including pre-enlistment employment)
as above

@(2) fit only for employment such as _____

@(3) fit only for sheltered employment.

@(4) unfit for any employment whatsoever.

(@) -- Strike out wherever not applicable.

[Handwritten signature]

.....
Medical Officer.

STATEMENT ON DISCHARGE FROM UNION DEFENCE FORCE.

On discharge from military service every officer and soldier will be required to fill in this form. Should he not wish to put forward any claim in respect of a disability alleged to be due to or aggravated by military service he must sign the Statement hereunder to this effect, in the presence of an officer who will witness the signature. Whether a claim is made or not, the completed form must be forwarded direct by the discharging authorities to the War Record Office, Pretoria.

Unit <u>SURVEY TROOP S.A.A.</u>	If the officer or soldier has previously been discharged he will state:—
Regiment or Corps <u>S.A.A.</u>	(a) Former Regiments or Corps with regimental numbers:—
Regtl. No. <u>74272 (V)</u> Rank <u>Lieut</u>	_____
Surname (block letters) <u>GLUCKSMAN</u>	_____
Christian names in full <u>HAROLD LIPMAN</u>	(b) Dates of discharge:—
Permanent address <u>Hillcote Main Road</u>	_____
<u>MURZENBERG CAPE</u>	(c) Particulars of pension or gratuity received (if any):—
Age last birthday <u>27</u>	_____

I do not claim to be suffering from a disability due to or aggravated by my military service.

Place Helwan (Signed) Glucksmann (Claimant.)
 Date 4.7.45 (Signed) [Signature] (Witness).
 (Rank and Unit of Officer)

Before the claimant answers questions 1 to 3 the following should be read by, or to, him:—

"Your statement will be checked by official records. In answering question 2, any special matters which in your opinion caused or aggravate any unfitness from which you are suffering, must be clearly stated."

The claimant will answer the questions in his own words and after completing the form will sign it. The officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

1. (a) In what countries have you served during this war and for what periods?
 (b) In what capacity?.....
2. If you claim to be suffering from a wound or injury, give details as to when, where and how such wound or injury was sustained and when and where treated therefor.
 If you claim to be suffering from disease or ill-health due to or aggravated by your military service state why you consider you have a claim.
 (If more space is required a sheet of foolscap should be used and attached firmly to this form.)
3. Did you suffer from the disease, ill-health or injury mentioned in above answer to question 2, or anything like it, before joining the Unit from which you have now been discharged? If so, give details and dates.

I hereby confirm the above statement and have nothing to add to it.

Place _____ (Signed) _____ (Claimant.)

Before me—

Date _____ (Signed) _____

(Rank and Unit of Officer)

TO BE CANCELLED IF
A CLAIM IS MADE.

THIS PORTION IS NOT TO BE COMPLETED IF A
CLAIM IS NOT MADE.

VERKLARING BY ONTSLAG UIT DIE UNIE-VERDEDIGINGSMAK

Van elke offisier en soldaat word verlang om hierdie vorm by sy ontslag uit die militêre diens in te vul. As hy nie verlang om 'n eis in te stel ten opsigte van ongeskiktheid wat aan sy militêre diens te wyte of daardoor vererger is nie, moet hy onderstaande verklaring in dieselfde voege in die teenwoordigheid van 'n offisier teken. Liewensgenemde moet as getuie van die handtekening teken. Of 'n eis ingestel word al dan nie, die ingevulde vorm moet deur die ontslagautoriteite direk aan die oorlogsregisterskantoor, Pretoria, gestuur word.

Eenheid	As die offiser of soldaat al voorheen ontslaan is moet hy meld:—
Regiment of korps	(a) In watter vorige regimente of korps hy gedien het. (Regimentsnommers moet opgegee word):—
Regimentano	
Rang	
Van (drukkapitale)	
Voornamse voluit	(b) Die datums waarop hy ontslaan is
Vaste adres	(c) Die besonderhede in verband met 'n pensioen of gratifikasie wat hy ontvang het (as daar was):—
Onderdom laaste verjaardag	

Ek verklaar dat ek nie aan ongenaktheid ly wat aan my militêre diens te wyte of daardeur verander is nie.

Plak _____ (Handtekening) _____ (Tijner) _____

Date _____ (Handtekening) _____ (Getuig)

(Koning en eenheid van officier).

Verdat die eleeer vras 1 tot 3 beantwoord moet hy die volgende loos of moet dit aan hom voorgelees word:—

„U verklaring sal met ampelike registre vergelyk word. By die beantwoording van vraag 2 moet spesiale aksie wat u teen die ongeskiktheid waarvan u ly, versoenlik of versier het, skoonlik-gegee word.“

Die eiser moet die vras in sy eis woorde beantwoord en nadat hy die vorm ingeval het moet hy dit onderteken. Die offisier moet as getuie van die handtekening teken. As die eiser nie kan skryf nie moet hy sy merk maak. Die offisier moet as getuie teken.

1. (a) In watter lande het u gedurende hierdie oorlog diens gedoen en vir hoe lank?

(b) In watter hoedanigheid?.....

2. As u beweer dat u aan 'n wond of besering ly, gee dan besonderhede op van wanneer, waar en hoe u die wond of besering opgedoen het en wanneer en waar u daarvoor behandel is.

As u beweer dat u aan 'n siekte of ongesteldheid ly wat te wyte of vererger is deur u militêre diens, sê dan waarom u beskou dat u 'n eis het.

(As meer ruimte verlang word kan 'n bladsy feliopapier gebruik en hieraan geheg word.)

2. Het u aan die siekte, ongesteldheid of besering wat in bestaande antwoord op vraag 2 vermeld is, of iets dergeliks gely voordat u by die eenheid aangesluit het, waaruit u nou ontslaan is? Indien ja, sê die besonderhede en datums.

Hierby bevestig ik bestaande verklaring en het niks om daarby te voeg nie.

_____ (Handtokening) _____ (Eiser)

Week 103—

Datum _____ (Handtekening) _____

(Range on confidant case officer).

MOET GESKRAP WORD AS 'N EIS
INGESTEL WORD.

HIERDIE GEDEELTE MOET NIE INGEVUL WORD NIE AS 'N
EIS NIE INGESTEL WORD NIE.

CONFIDENTIAL

CLINICAL AND PROGRESS RECORD.

Hospital or Station rendering this Form 333, Military Hospital, Johannesburg.

★ 20-10-1943

PART 1.

S.A.E.C. 45 Survey Coy.

1. Regimental No. 74272 V2. Rank Lt.3. Unit Ladysmith.4. Name GLUCKMAN Harold

(SURNAME & BLOCK LETTERS)

(CHRISTIAN NAMES)

5. Age last birthday 25

6. In what capacity has soldier served during present war and date of enlistment

e.g. Gunner, Signaller, Medical Orderly, Air Gunner, Pilot, etc.) Surveyor3/6/40.7. Home Address Hillcote, Mulzenberg.8. Next of kin Mother, Mrs. R. Gluckman as above.9. (a) Date of direct admission 19/10/43from Transport D.A.D.M.S. Winhoek Mil:

(b) Date of admission on transfer

from

Hosp.

(c) Date of discharge to XXXX M.O. Unit 19/10/43(d) Date of the discharge, Medical Board (if held) No.

(e) Date of transfer

To

(f) Date of death

10. Number of days under treatment in hospital One day as an out-patient.11. Number of days sick leave recommended when discharged from hospital nil.

PART 2.

12. Diagnosis on admission Chronic Otitis Media (Right)13. Diagnosis on discharge, transfer or death as above.14. Date and place of origin of disability April 1938 at Cane Town.15. Medical Category on admission Unknown16. Medical Category on discharge Unchanged.17. Previous history of patient (with family history, if relevant) Discharging ear for last 5 years.18. Clinical notes on admission 19/10/43Ear: Right: Chronic Otitis Media. Scarring of drum. Small central perforation. Small amount of discharge present.Left: - N.A.D.Throat: Tonsils small.Nose: Right side: Sental deviation.left - Small crest.Tuning fork tests show a middle ear deafness - right side.Hearing very slightly reduced.Present category C. Condition of ear warrants a higher category. Should be re-classified to category B.

19. Progress and Treatment, including brief details of: (i) operations performed, (ii) special investigations made, (iii) Specialist opinions (In each case will be given: Dates, Relevant extracts of reports specifying Medical Officers, Departments and Laboratories, etc. responsible).

Date.

NOTE.—Additional Progress and Treatment continuation sheets (D.D. (Med.) 110 (C)) may be attached if necessary.

20. Condition on discharge Return to Unit M.O. Suggest re-classification to category B.

Date 19/10/43

W. H. Wajis
Signature of Medical Officer in charge of case.

PART 3.

21. Remarks by Medical Officer in charge of Medical or Surgical Division, or his deputy (this applies to large Mil. Hosp.)

Date

Signature.

PART 4.

22. Remarks or recommendations, if any

I have satisfied myself of the general accuracy of this record.

Signature O.C. Military Hospital.

4062.

DATE: 19-10-43.

The Officer Commanding,

45 Survey boy

was a Lady Smith

Gluckman. H. L.

SAEE

45 Survey Box Ladysmith

Suffering from

Chronic Gitis media

ur to inform y
s hospital as
suffering

Wm. F. du Croy

FOR OFFICER COMMANDING
JOHANNESBURG MILITARY HOSPITAL



Alvino

MEDICAL EXAMINATION OF VOLUNTEERS ON DEPARTURE FROM THE UNION.

Place *N^o 8 DEQUAR P^o DHQ PRETORIA*Enlistment in *45 SURVEY CO* Corps *SAFC*Number *74272(V)* Rank *LT*Name (in full) *GLUCKMAN HAROLD LIPMAN*1. Age *25* Height *5' 5 1/4"* Weight *153*2. Chest Measurement: Full Inspiration *41* in., Full Expiration *38* in.3. Distinctive Marks *many small superficial scars Rt Leg*4. Physical Development *good*5. Vision (without glasses) *6/5* R *6/5* L

(with glasses, if correcting glasses are worn)

6. Hearing (any signs of disease, past or present) *normal* *but otoscopy shows Rt*7. Heart (state any abnormalities) *normal*7A. Blood Pressure *110/65* *otitis media*8. Lungs (state any abnormalities) *normal*

9. Genito-Urinary System.

Examination of urine (state whether sugar or albumen is present)

(a) Any signs of renal disease? *no*(b) Any signs of venereal disease? *no*(c) Any varicocele? If so, to what extent? *no*10. Any signs of nervous disease? *no*11. Any abnormalities of joints, limbs, hands or feet? *no*12. Any sign of hernia? *no*13. Any other abnormalities? *no*14. Is dental condition up to the standard required for category A1, B1 or B2? *YES*

15. Has the volunteer suffered from malaria, rheumatic fever, stomach trouble, discharge from the ear, fits, concussion, asthma, spitting of blood, or had any serious injury or operation? If so, details to be stated.

16. Does he know of any doubtful points in his health or constitution which might interfere with his fitness for military service? *States no.*17. Is he in receipt of a War or other disability Pension? If so, particulars (i.e., date and cause of unfitness) to be stated. *NO*

18. Is the volunteer FIT for service in the above unit or corps?

Class

19. If UNFIT for such service, in what lower category should he be placed (see classification of recruits)?

Class

20. We certify that the above-named volunteer's category is *B1* and that as far as we can determine he is not suffering from any disease.Date *19. 10. 43*

Medical Officers: (i)

(ii)

MA X COTTEN

NOTIFICATION OF DISCHARGE FROM OUT - PATIENT DEPARTMENT.

TO:- Officer Commanding,
S.M.C. 45 Survey Coy.

Ladysmith

S.M.O. S.M.C. 45 Survey Coy.
Ladysmith

FROM:- Officer Commanding,
Johannesburg Military Hospital
Jottesloe,
Johannesburg.

Date: 19-10-43

No. 74272 Rank. Lt. Name. Gluckman H.P. Unit. S.M.C. 45 Survey Coy

ADMITTED to Out-Patient Dept. From:- (a) D.D.M.S.
(b) In-Patient Dept. on: 19-10-43
(Ref. D.D. Med. 24)

DISCHARGED from Out-Patient Dept. On:- 19-10-43.

DIAGNOSIS: Chronic Otitis Media (Rt)
REMARKS: Present Category C. Condition of ear warrants a higher Category. Should be upgraded to Cat. B.

RECOMMENDATION:

Suggest upgrading to Category B.

To be completed in triplicate. D.D. MED. 110 A to be posted.

Distribution:- (1) 1st Addressee per post.
(2) 2nd Addressee per patient.
(3) Hospital Records.

For O.C., Johannesburg Military Hospital.

CONFIDENTIAL

CLINICAL AND PROGRESS RECORD.

Hospital or Station rendering this Form _____

PART 1.

1. Regimental No. 74272 2. Rank 21- 3. Unit SAEC 45 Survey Coy. 2nd Army

4. Name GLUCKMAN (SURNAME IN BLOCK LETTERS) Harold. Lipman (CHRISTIAN NAMES)

5. Age last birthday 25 6. In what capacity has soldier served during present war and date of enlistment
e.g. Gunner, Signaller, Medical, Orderly, Air Gunner, Pilot, etc. Surveyor 3-6-40

7. Home Address Nelcore. Muzenberg

8. Next of kin Mother, Mrs. R. Gluckman, as above

9. (a) Date of direct admission 19-10-43 from Transfer DADMS Windhoek
(b) Date of admission on transfer _____ from _____
(c) Date of discharge to duty M.O. Unit 19-10-43
(d) Date of the discharge, Medical Board (if held) no
(e) Date of transfer _____ To _____
(f) Date of death _____

10. Number of days under treatment in hospital one day as out patient

11. Number of days sick leave recommended when discharged from hospital nil

PART 2.

12. Diagnosis on admission Chronic Otitis media. (Right)

13. Diagnosis on discharge, transfer or death as above

14. Date and place of origin of disability April 1935 at Cape Town

15. Medical Category on admission unknown 16. Medical Category on discharge unchanged

17. Previous history of patient (with family history, if relevant)

Behaving Ear for ± 5 years

18. Clinical notes on admission 19-10-43

Right Ear. Chronic Otitis media. Scarring of drum. Small central perforation. Small amount of discharge present.

Left Ear. N.A.D.

Throat. Tonsils small.

Nose - R. side. Septal deviation.

 " " Small crest.

Tuning fork test shows middle ear deafness - right side. Hearing very slightly reduced.

Present category C. Condition of Ear warrants a higher category. Should be re-graded to category B

19. Progress and Treatment, including brief details of: (i) operations performed, (ii) special investigations made, (iii) Specialist opinions (In each case will be given: Dates, Relevant extracts of reports specifying Medical Officers, Departments and Laboratories, etc., responsible).

Date _____

Lined area for notes or progress.

NOTE.—Additional Progress and Treatment continuation sheets (D.D. (Med.) 110 (C)) may be attached if necessary

20. Condition on discharge.

*Return to third
surgical approximating to Category
B.*

Date _____

Genl. M. H. May
Signature of Medical Officer in charge of case

PART 3.

21. Remarks by Medical Officer in charge of Medical or Surgical Division, or his deputy (this applies to large Mil. Hosp.)

Lined area for remarks.

Date _____

Signature.

PART 4.

22. Remarks or recommendations, if any

I have satisfied myself of the general accuracy of this record

Date _____

Signature O.C. Military Hospital.

CONFIDENTIAL.**CLINICAL AND PROGRESS RECORD.**

Hospital or Station rendering this Form

D.A.D.M.S. Windhoek**NOTES:—**

- (i) This form will be used instead of the MEDICAL CASE SHEET D.D. (MED.) 50 (Old D.D. 93) in respect of all admissions of members of the U.D.F. to Military Hospitals or Military Sections of Civil Hospitals.
- (ii) Only parts 1 and 2 are to be completed for hospital records where the member has been or will be off duty as the result of illness or injury for less than 28 days (including sick leave).
- (iii) Where, however, any member of the U.D.F. has been or will be off duty, as a result of injury or illness for 28 days or more (including sick leave) THREE TYPED copies of this form will be required, but will only be completed and forwarded to the D.G.M.S. when the member has been finally discharged to duty.
- (iv) When discharge to duty follows a period of sick leave, these forms will be completed and forwarded to the D.G.M.S. on the members' discharge from hospital. The date of discharge to duty [9 (c)] should be date of resumption of duty after sick leave.

PART 1.

1. Regimental No. 74272V 2. Rank Lieut 3. Unit SAEC
4. Name GLUCKMAN HAROLD LIPMAN
(SURNAME IN BLOCK LETTERS) (CHRISTIAN NAMES)
5. Age last birthday 25 6. In what capacity has soldier served during present war and date of enlistment
(e.g. Gunner, Signaller, Medical Orderly, Air Gunner, Pilot, etc.) Surveyor 3/6/40
7. Home Address 'Hillcote' Muizenberg
8. Next of kin mother
9. (a) Date of direct admission Reported to DADMS from 45 Survey Coy, SAEC
(b) Date of admission on transfer Windhoek from Offwarungu S.W.A.
(c) Date of discharge to duty _____
(d) Date of the discharge, Medical Board (if held) _____
(e) Date of transfer 16/10/43 To DDMS Johannesburg
(f) Date of death _____
10. Number of days under treatment in hospital N/A
11. Number of days sick leave recommended when discharged from hospital N/A

PART 2.

12. Diagnosis on admission Chronic Otitis media Perforation
13. Diagnosis on discharge, transfer or death Chronic Otitis media + Perforation of ear drum (R)
14. Date and place of origin of disability April 1938, Cape Town
15. Medical Category on admission C1 16. Medical Category on discharge _____
17. Previous history of patient (with family history, if relevant) Officer states that ear drum perforated as a result of heavy gun fire whilst in ACF 3 months later received a blow on the rt. ear while boxing. Ear shortly afterwards became infected following sea-bathing. Ear has been discharging intermittently for past 5 years. Every now & then discharge clears up but commences again after 2 or 3 weeks.
18. Clinical notes on admission O/E. B.V. Double perforation of Rt Ear drum
(2) Chronic discharge from ear.

Note: Patient wishes to have category elevated in order to be able to proceed with his Unit out of S. Africa.

TRANSFER OF PATIENT.

(A) From—

DA.DMS. Windhoek Military Hospital.

Camp Hospital.

Sick Bay.

Military Wards, of Civil
Hospitals, Nursing
Homes, etc.

(B) To—

Officer Commanding

General Hospital (Military Section)

Senior Medical Officer

Johannesburg

HEREWITH:—

Name

Gluckman H.L.

Number

74272 V

Rank

Lieutenant

Unit

45 Survey Coy. S.A.E.C.

Admitted to (A)—

Transferred to (B)—

Date

N/A

Date

16-10-43

Time

Time

14.001. Diagnosis Chronic Otitis media & Perforation R. Ear.

2. Treatment given

Local ear drops.

3. Treatment recommended

For consultation with E.N.T.
Specialist

4. Investigations (if any)

Date

15/10/43.

Senior Medical Officer.

B.R. Press Capt. for

UNION DEFENCE FORCES.

MEDICAL EXAMINATION OF VOLUNTEERS ON DEPARTURE FROM THE UNION.

Place Wentworth

Enlistment in 5th E-C Corps 45th Cavalry Co Unit.

Number 742721X Rank 7th Lieut

Name (in full) Cluckman, Harold L. man

1. Age 25 Height 5'6" Weight 156

2. Chest Measurement: Full Inspiration 41 in. Full Expiration 38 in.

3. Distinctive Marks Scar on right R. Thigh

4. Physical Development Good

5. Vision (without glasses) R. 5/6 L. 5/6
(with glasses, if correcting glasses are worn) R. 5/6 L. 5/6

6. Hearing (any signs of disease, past or present) Normal

7. Heart (state any abnormalities) Normal

7A. Blood Pressure 136/82

8. Lungs (state any abnormalities) Normal

9. Genito-Urinary System. Normal

Examination of urine (state whether sugar or albumen is present) Normal

(a) Any signs of renal disease? No

(b) Any signs of venereal disease? No

(c) Any varicocoe? If so, to what extent? No

10. Any signs of nervous disease? No

11. Any abnormalities of joints, limbs, hands or feet? No

12. Any sign of hernia? No

13. Any other abnormalities? No

14. Is dental condition up to the standard required for category A1, B1 or B2? Yes

15. Has the volunteer suffered from malaria, rheumatic fever, stomach trouble, discharge from the ear, fits, concussion, asthma, spitting of blood, or had any serious injury or operation? If so, details to be stated None

16. Does he know of any doubtful points in his health or constitution which might interfere with his fitness for military Service? No

17. Is he in receipt of a War or other disability Pension? If so, particulars (i.e., date and cause of unfitness) to be stated No

18. Is the volunteer FIT for service in the above unit or corps? No
Class —

19. If UNFIT for such service, in what lower category should he be placed (see classification of recruits)?
Class C1

20. We certify that the above-named volunteer's category is A1/B1 and that as far as we can determine he is not suffering from any disease.

(L. FOURIE)

Medical Officers: (i)

(B. R. PRESS)

(ii)

(iii)

Date

12/10/43

DEPARTMENT OF DEFENCE.

Person's file
SICK REPORT.Date..... *5-8-43.*Corps..... *SAEC.* Company..... *415 SURVEY COY.* Station..... *TSURK*

Regimental No.	RANK AND NAME.	Years of		DISEASE.	MEDICAL OFFICER'S REMARKS. Whether "Admitted to hospital", "Received medicine and sent to duty", "Excused duty", etc.
		Age.	Service.		
<i>THE 72</i>	<i>Lt. H. L. Gluckman</i>	<i>26</i>	<i>38 1/2</i>	<i>Chronic Blowhard</i>	<i>Admitted Hospital</i>

ENTERED ON MEDICAL HISTORY SHEET

[Signature]
Signature of Orderly N.C.O. of Company.*[Signature]*
Signature of Medical Officer.

This report to be prepared in duplicate and taken to hospital with sick. One copy, when completed, to be returned to O.C. and one kept by Medical Officer.

UNION DEFENCE FORCES.

MEDICAL EXAMINATION OF VOLUNTEERS ON DEPARTURE FROM THE UNION.

Enlistment in S A E C Corps Heavy Unit.Place Indy SmithDate 7/2/43Name (in full) GLUCKMAN, H. L.1. Age 25 Height 5' 6" Weight 1622. Chest Measurement: Full Inspiration 40 in., Full Expiration 37 in.3. Distinctive Marks Small scar on right shoulder, right shin4. Physical Development Good5. Vision (without glasses) R 5 L 5(with glasses, if correcting glasses are worn) R 5 L 56. Hearing (any signs of disease, past or present) No perforation Right Drum7. Heart (state any abnormalities) Normal old old media8. Lungs (state any abnormalities) Normal9. Genito-Urinary System.
Examination of urine.(a) Any signs of renal disease? No(b) Any signs of venereal disease? No No(c) Any varicocele? If so, to what extent? No10. Any signs of nervous disease? No11. Any abnormalities of joints, limbs, hands or feet? No12. Any sign of hernia? No13. Any other abnormalities? No14. Is dental condition up to the standard required for category A1, B1 or B2? Yes

15. Has the volunteer suffered from malaria, rheumatic fever, stomach trouble, discharge from the ear, fits, concussion, asthma, spitting of blood, or had any serious injury or operation? If so, details to be stated

Discharge from Right ear past few years16. Does he know of any doubtful points in his health or constitution which might interfere with his fitness for military Service? No17. Is he in receipt of a War or other disability Pension? If so, particulars (i.e., date and cause of unfitness) to be stated No18. Is the volunteer FIT for service in the above unit or corps? FitClass C1

19. If UNFIT for such service, in what lower category should he be placed (see classification of recruits)?

Class C120. We certify that the above-named volunteer's category is A1/B1 and that as far as we can determine he is not suffering from any disease. Other than SyphilisDate 7/2/43Medical Officers: (i) W. H. L. L. L. L.(2) W. H. L. L. L. L.

D.D. (Med) 25.

FOR

TTV
work-

STATION.....DATE.....
NO.....RANK.....NAME.....7/1/43
AGE.....74272.....UNIT.....GLUCKMAN
DATE OF ATTESTATION.....25.....45 Army Co S.A.E.C.
DATE OF ORIGIN OF DISABILITY.....June 1940
PLACE OF ORIGIN OF DISABILITY.....1937
DISABILITY.....Cape Horn

Chronic Obit Media
Pac. entit. man. diab. h.

NEW CLASSIFICATION: FROM TO

(K. SCHAFER) PRESIDENT.
..... MEMBER.

DISTRIBUTION:	Personal File.	1 Copy
	D.G.M.S.	1 Copy
	A.G. (1)	1 Copy (Officers)
	A.G. (War Records).	1 Copy (Other Ranks)
	O/C Unit.	1 Copy
	O/C C.A.T.D.	1 Copy (if detail is sent to C.A.T.D.)
	O/C M.A.F. Depot, V/Hoogte.	1 Copy (in case of <u>Non-Flying Personnel</u> of the <u>S.A.A.F. ex NC (h)</u>).

This form applies only to Classes B, and C, not Classes D and Class E to be boarded in the usual way, on Form D.D.(Med)42A or 42B.

9/2

9/11/14

~~Handwritten scribbles~~

11/17
GLUCKMAN

24
25
1937
1940
1941

25
26
27

Chronic skin disease

Pr. not at all

61
41
(R. J. HAFER)
(R. J. HAFER)
1941

Roneo Form II

D.D. (Med) 59.

GSP

X-RAY DEPARTMENT.

DIAGNOSTIC WORK ONLY.

(To be completed in Triplicate)

X-Ray Serial No. 1687

S.A. MILITARY HOSPITAL. Ladysmith

FORM FOR REQUISITIONING X-RAY EXAMINATIONS.

No 74272 Name Gluckman HL Rank Lt Regt. 1000

Age 24 Sex M Date previously X-rayed

Result of special and Laboratory Examinations

Provisional Diagnosis Injury to Back

Short Clinical History Injury Back (Dorsal Spine)

Nature of examination required X-ray Dorsal Spine

Ward 100 Date 2/9/41

S.A.M.C.
Signature of Medical Officer.

RADIOLOGIST'S REPORT

There is no evidence of
injury or abnormality

Date 2/9/41

Signature
S.A.M.C. Radiologist.

In skeletal cases site to be indicated accurately. Separate forms to be filled in for each major examination, e.g. Barium meals, Cholecystographies, Urographies, etc.

6/ G.P.-S.35895-1941-2-50,000. S.

UNIT DEFENCE FORCES.

D.D. (Med.) 5.
(Old Form D.D. 326.)

DENTAL APPOINTMENT CARD.

UNIT H 5 Private Taylor
 BTY., COY., or SQDN. 427
 REG. No. 2427 RANK Private NAME Gluckman H L.
 Name and Address of Dental Surgeon (i) _____
 (To be filled in regimentally.) (ii) _____

DETAILS OF APPOINTMENTS.
(P.T.O.)

To be filled in by DENTAL SURGEON —
Time and Date of Arrival and Departure of
Patient at Surgery.

TIME AND DATE OF :—	Arrival.	Departure	Signature of Dental Surgeon:
1ST APPOINTMENT <u>21</u> <u>-7-1942</u>	<u>7.15</u>		<u>H. L. Gluckman</u>
2ND APPOINTMENT	<u>5.15</u>		<u>do</u>
3RD APPOINTMENT			
4TH APPOINTMENT			
5TH APPOINTMENT			
6TH APPOINTMENT			
COMPLETION OF WORK			

(Signature)

Dental Surgeon

[P.T.O.]

REPORT ON MEDICAL EXAMINATION, UNION DEFENCE FORCES.

(See "Instructions for the Physical Examination of Members of and Recruits for the Union Defence Forces.")

PERMANENT FORCE.....Peace and War.

CITIZEN FORCES.....War Only

UNIT.....

1. Name in full.....

(If for re-engagement.)

(a) Rank.....

(b) Reg. No.....

2. Date of birth.....

4. Occupation.....

(If candidate has followed occupation of mining, pay special attention to chest.)

7. Chest.

(a) Expiration.....

(b) Full inspiration.....

(c) State any abnormality of form, respiration, percussion notes, voice sounds, or any other signs of past or present disease.

8. Sight.

(a) Without glasses: R.E.....; L.E.....

(b) Colour vision.....

9. Teeth.

(For Permanent Force only) No. of points assigned.....

(For Citizen Force only) (1) Is condition reasonably satisfactory without dentures.....

(2) If not, has he satisfactory dentures.....

10. Cardio-Vascular System.

(a) State any abnormality of rhythm, apex, beat, pulse, or size of heart.

(b) State any signs of valvular disease and cardiac inefficiency.

11. State any abnormality of abdominal organs

(a) Any sign of hernia

12. Genito-Urinary System.

(a) Are there any signs of renal disease?

(b) Are there any signs of genito-urinary disease?

(c) Has he ever had venereal disease?

If so, what form, and has he been treated in hospital?

If so, when?

(d) Have testicles descended and are they normal. Any sign of varicocele?

13. Nervous System.

Are there any signs of nervous disease?

14. Ears.

Are there any signs of disease, past or present?

(The Medical Officer should address the candidate in an undertone to discover any sign of deafness.)

15. Joints.

State any abnormality of joints, limbs, hands, or feet; if so, to what is it due?

16. State any defect or deformity of person or any strumous cicatrices

17. State any evidence of vaccination or recent revaccination

(Approximate date of last vaccination should be given.)

18. Have you noted any other abnormality?

19. Any special remarks

Having fully examined the above candidate I consider that he is fit for all forms of service with his unit or corps.

Place.....

Date.....

* Countersigned.

Examining Medical Officer.

P. C. C. BLAIR-HOOK

Colonel, S.A.M.C.
Director of Medical Services (Defence.)

* To be countersigned only in the case of recruits and re-engagements in the S.A. Permanent Force.